2019-12. A

Telecommunications Carriers **AUTHORIZED UTILITY REPRESENTATIVE FORM** CERTIFICATED COMPANY INFORMATION FEIN/SS Company Name: BCN Telecom, Inc. Telephone # DBA/FKA: Mailing Address: 107 W Michigan Ave, 4th Floor ZIP Code: 49007 City: Kalamazoo State: MI IXCX CLEC Wireless ETC **ILEC REGISTERED AGENT INFORMATION** Registered Agent: B Allston Moore Jr. Mailing Address: 5 Exchange Street State: SC ZIP Code: 49401 City: Charleston

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE INFORMATI	ON		77-4		
General Manager							
Name: Kathleen Gorey							
Address: 1200 Mt Kemble Avenue	, 3rd Floor						
City: Morristown		State: NJ	ZIP Co	ZIP Code: 07960			
Phone: 908-367-5600	Email: kgor	ey@bcntelec.com	Fax: 908-367-5960				
Emergency Contact - Non	Office Hou	rs					
Name:							
Phone:	Email:	A	Fax:				
Customer Relations/Complaints Rep							
Name: Ebony Knott							
Address: 1200 Mt Kemble Avenue	, 3rd Floor						
City: Morristown		State: NJ	NJ ZIP Code: 07960				
Phone: 800-768-2852	Email: ekno	tt@bcntele.com	Fax: 908-367-5960				
Complaints Rep for Compl	aint Escala	tion	***************************************				
Name: Ebony Knott							
Address: 1200 Mt Kemble Avenue	e, 3rd Floor						
City: Morristown		State: NJ	ZIP Code: `07960				
Phone: 800-768-2852	Email: ekno	tt@bcntele.com	Fax: 908-367-5960				
Customer Toll Free Contac	t Number:	800-768-2852			TE		
Engineering Operations				CE	WAIT CHE		
Name:			1	EO	etne.		
Address:				, 08	04 10		
City:		State:	ZIP Co	ode: Ar	CC 50 15		
Phone:	Email:		Fax:		Par Cilia		
Test and Repair					Mile		
Name:							
Address:							
City:		State:	ZIP Code:				
Phone:	Email:		Fax:				

UTILITY REPRESENTATIVE INFORMATION							
Regulatory Officer							
Name & Title: Kathleen Gorey							
Address: 1200 Mt. Kemble Avenue, 3rd Floor							
City: Morristown		State: NJ	ZIP Code: 07960				
Phone: 908-367-5600	Email: kgor	Email: kgorey@bcntele.com Fax: 908-367-5960					
Annual Report Form Mailin	gs						
Name & Title: Amanda Gucich, Senior Compliance Specialist							
Address: 107 W Michigan Ave, 4th Floor							
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: cont	mail: contact@nationwideregulatorycompliance.com Fax: 269-381-4855					
Dual Party Invoice Mailings							
Name & Title: Amanda Gucich, Senior Compliance Specialist							
Address: 107 W Michigan Ave, 4th Floor							
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-888	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855						
Universal Service Fund Ma	ilings						
Name & Title: Amanda Gucich, S	Senior Complia	ance Specialist					
Address: 107 W Michigan Ave, 4t	h Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: conta	act@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Gross Receipts Mailings							
Name & Title: Amanda Gucich, S		ance Specialist					
Address: 107 W Michigan Ave, 4t	h Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com						
Lifeline Contact							
Name & Title: n/a							
Address:			7ID Codo.				
City:	State: ZIP Code:						
Phone:	Email:		Fax:				

FORM PREPARER INFORMATION						
This form was dompleted by: Amanda Gucich						
Signature:						
Title: Senior Compliance Specialist	Date: 03/21/19					

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201